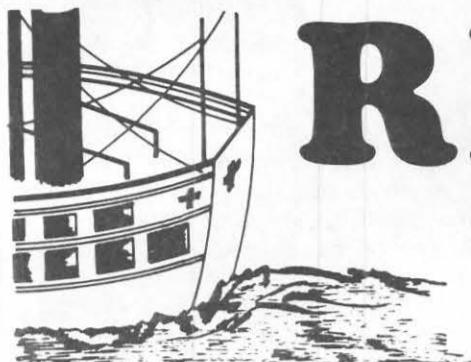


Welcome Home Oak
Knoll Desert
Stormers

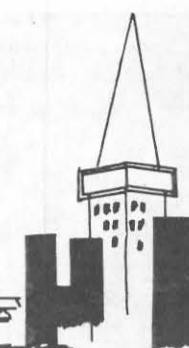
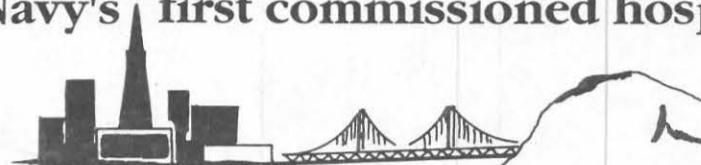
Change in appointment
scheduling
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Bravo Zulu HM3 Silva and
Occupational Health Nurse
Jeanine Clarke
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RED ROVER

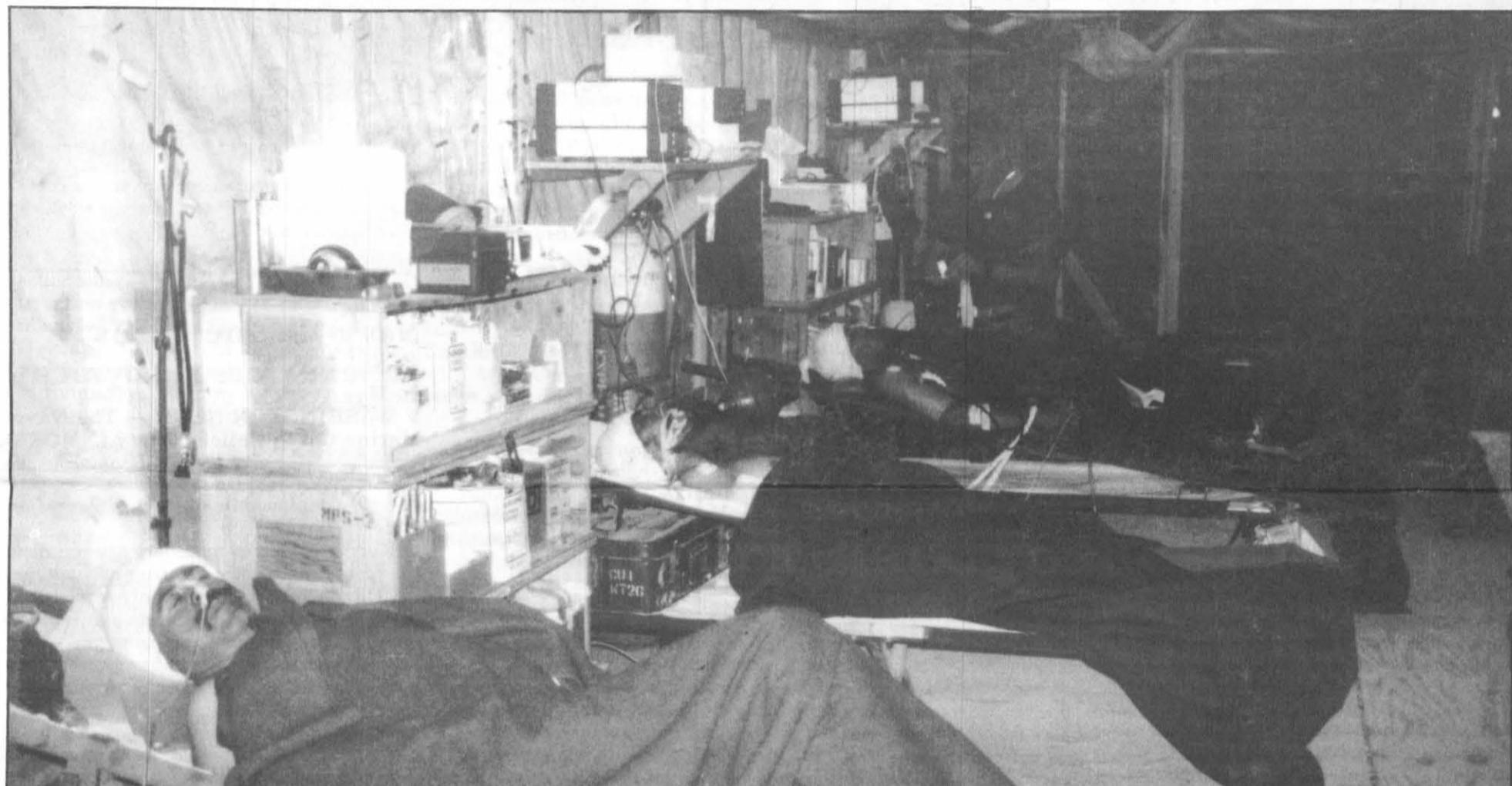
The Navy's first commissioned hospital ship



Volume 3, Number 4

Naval Hospital Oakland, Calif. 94627-5000

April, 1991



A corpsman guards Iraqi EPWs who are being treated by US medical personnel at Al Khanjar. (Photo by Lt. Cmdr. Richard Koehler).

Oak Knoll medical Desert Stormers coming out of the sand

By Andree Marechal-Workman

It was 3 a.m. on January 17 when the air raid sirens screamed an urgent warning, piercing the silence over the Saudi desert. It wasn't a drill. The waiting was over. Desert Storm had begun its mighty raging, and for Oak Knoll medical personnel deployed with the Marines, it was an experience they will never forget.

"The air raid alarm went off and we ran to our fox hole," said Lt. Cmdr. Richard Koehler. "There [had been] two or three every night but, at that time, we wondered if it was the real thing, so we turned on our radios and found the air war had started. It was a moment that I will remember forever."

Koehler, a general surgeon attached to Marine Brigade Services Support Group 1 (BSSG1) since September 1, is one of the many Oak Knoll physicians and corpsmen deployed to various Marine Corps units in Saudi Arabia, who are returning home quietly and without fanfare, every day, two and three at a time.

Anesthetist Lt. Cmdr. Michael O'Connor, also with BSSG1, was glad the war was over because he wanted to go home and "would have gone through the gates of hell" to do that — a sentiment shared by neuro surgeon Lt. Cmdr. John Atkinson, assigned to BSSG7, who said that "although we were all anxious about the casualties we might see, I

think most people were relieved that something was finally getting underway."

Hospital Corpsman 3rd Class David Newmark, also with BSSG7, remembers a lot of FROG rockets jumping around the hospital they had set up at Al Mishaib and taking care of Navy corpsman Clarence Conner of Hemet, Calif., who, according to a Navy Medicine news clip, was the first Desert Stormer to get a Purple Heart. "We removed shrapnel the size of a quarter from his right shoulder," Newmark explained. "We also had casualties coming from an oil platform [coalition forces] blew up and took care of wounded Iraqis, Kuwaitis, and Saudis."

According to Koehler, the

corpsmen attached to the Marines merit a lot of recognition. "They were living in the sand, and when the ground war started, they went right up to the front line with Army personnel carriers and were being shot at. I think they deserve a lot of credit."

Koehler, O'Connor, Atkinson and Newmark had been gone since mid to late August and were deployed to various Marine companies. But when the ground war started, they joined what Koehler called "a kind of giant size surgical hospital with 12 operating rooms" set up at Al Khanjar, about ten miles from the border and 25 miles from the Iraqi front line.

"We were the first stop for major surgical care for

casualties," Koehler stressed, explaining that the wounded were first brought by corpsmen to a battalion aide station (BAS) for immediate treatment by a general medical officer, then to Al Khanjar for resuscitative surgery and, if another operation was needed, the patients were sent to Fleet Hospital 5.

According to Newmark, about 700 cases were seen at Marine Corps Trauma Hospital Al Khanjar — a number confirmed by Atkinson, who said that they "probably saw 90% of all allied casualties in the theater, plus 350 to 400 wounded Iraqi enemy prisoners of war (EPW)."

All medical personnel
(Continued on page 4)

**From the Executive Officer
Capt. Noel A. Hyde,
MSC, USN**



The joy we've been sharing with our shipmates the last few weeks is tinged with a touch of melancholy. While our old family members are coming back, many of our new family must leave.

I'm talking about our activated reservists. Approximately 500 have passed through Naval Hospital Oakland since the current Middle East crisis started. Many have been here so long that we think of them as permanent staff members. But leave they must, and it is with a sincere sense of regret that I bid them goodbye.

The reservists were true professionals who, in our time of need, provided us with the strength, determination and manpower we needed to go on with our mission. Many were old friends who had either been stationed here on active-duty or had performed reserve training here in the past. Many were new faces who came from all over the United States to pitch in and do their part. Some were volunteers who willingly gave up a part of their personal lives to come to Oak Knoll. Most were involuntarily recalled from their comfortable civilian lives, who came here without knowing for how long or what their jobs would be. All made personal sacrifices to answer the call and all performed their assigned tasks efficiently and competently. They were an integral part of our NHO team and we are truly sad to see them leave.

I hope our reserve colleagues will treasure their time here and enjoy the many new friends they've made. They may be going but they'll never be forgotten. I'd like to encourage all the activated reservists to come back and visit us again. If you live in the area, I hope you will remain a part of our extended family and will continue to participate in our command picnics and other special events.

The traditional wish to a departing shipmate is "fair winds and a following sea." I offer this wish to each one of you. As you return to your civilian jobs, I hope you will remember your time spent at NHO with great pride for you have served the Navy and your nation in a manner without equal.

Jean Lee Porter, a novelist conducting research for a new book, has contacted the Public Affairs Office requesting assistance in obtaining interviews with medical personnel who served aboard hospital ships during World War II. People able to assist her can contact her at (415) 656-6316. Or, you can write her at the following address: Jean Lee Porter, 4894 Regents Park Lane, Fremont, CA 94538.

OAK KNOLL PERSPECTIVE

**From the Commanding Officer
RADM David M. Lichtman, MC, USN**



After seven months in the Middle East, our troops are coming home. American military forces returning from the Gulf are heroes in the hearts and minds of people all over the world. Our fighting forces, with superior technology and in concert with the Allied coalition, dealt a decisive defeat to the Iraqi aggressors. Yet, the cost of victory was not without a personal price - lives were lost, families were separated, sacrifices were made. Just ask the Oak Knoll staff who deployed with the MERCY or the Marines. The price they paid was enormous. Unlike Vietnam, they return to this country with a heroes' welcome, for very good reason. But, let's also recognize the unsung heroes who helped make this campaign successful, the people who stayed behind and kept the home fires burning - Oak Knoll staff, reservists and families.

Finest staff

Oak Knoll staff is the finest that I've ever seen. When our troops deployed on a moment's notice, you were the ones who worked double and triple shifts, round the clock, for months at a time - military and civilian alike. You not only kept essential medical services going, but you provided continuity to the reservists coming aboard. In the chaos and confusion, you were beacons to which others turned for light. You had to do more with much less - people, money and materials. The job you did was magnificent and spectacular. I am proud to be in your service.

Reservists are heroes

Reservists are the other heroes in this war. Over night, you packed bags and flew to this facility, literally and figuratively. You left families, friends and jobs behind to answer the call to your country. Without your help, the doors to health care at this facility would have closed. The wealth of knowledge and experience you brought to Oak Knoll has made this a richer place to work. I am deeply indebted to you and hope many of you will continue on active-duty at Oak Knoll or in the Navy. It would be my privilege to serve with you in the future. To those of you returning to civilian life, I offer my most profound appreciation for your herculean efforts in behalf of our country and my command.

True heroes are families

The true heroes in this war are the families and friends of our deployed troops. In spite of the uncertainty, your courage, determination and perseverance were an inspiration to us all. The lines of communication you established through letters and packages kept troop morale high. The feedback I received from Town Hall meetings and the Ombudsman Program helped me address and resolve system problems that many troops were experiencing. The assistance provided by family service centers, Navy Leagues, Navy Relief, Desert Shield support groups, chaplains and the American Red Cross got us all through some troubled times. Desert Shield/Storm success is directly attributable to your patriotic efforts and unselfish support - this country and I are grateful for your contributions.

A welcome they deserve

Home is where our heroes belong; nowhere is this more evident than at Oak Knoll. As our shipmates return from the Middle East, let's give them the welcome they deserve. At the same time, let's remember the heroes who successfully fought the war from the home front. We have a family of the finest heroes this country has ever seen, here at Oak Knoll.

Letter to the Editor

The percentage of women admirals in today's Navy is 1.2% (3 of 258), a significant difference from 0.015% reported in the March 1991 edition of Red Rover.

Although 1.2% is much less than the 11% women comprise overall, the admirals of today joined the Navy some 25-30 years ago. So the percentage of women admirals today should approximate the percentage of women commissioned 25-30 years ago. Perhaps that percentage is closer to 1.2% than to 11%.

Raw numbers and percentages serve no useful purpose without some accompanying logical and rational thinking.

P. M. CARLSON
ENS MSC USNR
QA DEPT., NHO

(*Editor's note: Ens. Carlson is correct in pointing out our percentage miscalculation.*)

**Navy-Marine Corps
relief defers repayment**

WASHINGTON (NNS) — The Navy-Marine Corps Relief Society (NMCRS) has suspended repayment action of future loans made to families of sailors and Marines deployed in support of Operation Desert Storm.

Normally servicemembers are required to register an allotment promptly when a NMCRS loan is made. Timely repayment insures the society has funds available to meet emergency needs of others.

In making this policy change, the society balanced the need for repayments.

Red Rover

Named after the Navy's first commissioned hospital ship.

The Red Rover is published monthly, by and for employees of Naval Hospital, Oakland (NHO) and its branch clinics. The publication focuses on events and developments at NHO and other items that relate to the surrounding community.

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Oak Knoll has a new appointment system



Lt. Sheryl Washington takes a call from a patient. (Photo by HM3 Melinda Bernard)

By JOSA Kyna Kirkpatrick

A change in appointment scheduling — a new call distribution system — has been installed at Naval Hospital Oakland (NHO) to give patients better access to each individual clinic.

"The appointment number (633-6000) used to be answered at Central Appointments, where six clerks made appointments eight hours a day," said Fred Perea, Head, Communications Department. "After Central Appointments was de-

centralized, the 633-6000 calls were forwarded to the hospital's two telephone operators. Patients then experienced a lot of busy signals when calling because they had to compete with all the other calls the hospital normally receives."

According to NHO Instruction 6320.1, the automated system was installed in response to the problems found by a Process Action Team (PAT), who evaluated the current outpatient appointment policy by looking at both patients and hospital staff's problems.

The PAT's investigation found patients' complaints to be: busy telephone lines; month-long lead times between appointments; non-notification of cancelled appointments and difference with the way each clinic made appointments.

Problems with the staff included: inadequate training for appointment clerks; squeezed-in follow-up care due to unavailable appointments and clinics' high no-show rates. The latter was

due to lack of patient reminders or advance cancellation.

According to Medical Service Corps, Lt. Sheryl L. Washington, Head of Outpatient Administration Division and Project Officer for the appointment system, certain steps were taken in response to the PAT's findings. Called the Tri-Service Patient Appointment Scheduling System (TRIPAS), this computer system has been in use for over five years.

"We had to train and retrain all TRIPAS users on scheduling appointments because there was no formal training accomplished when the clinics decentralized," she said, adding that other steps were taken: a drafted instruction that gave guidance for scheduling appointments; a message and Plan-of-the-Day communication system to local commands. Finally, the automated call distribution system that transfers calls directly to each clinic using the main appointment tele-

phone number was also installed.

"The call distribution system and other changes were recommended by the PAT after they concluded their evaluation," said Perea.

Washington said that the hospital's executive staff essentially adopted the Total Quality Management (TQM) principle and made it a reality of customer satisfaction.

"We've taken a virtually deficient system, turned it around with what little we had and made it an effective 'quality tool,'" she explained.

Patients can now call the automated appointment system using the main appointment number, 633-6000, Monday through Friday, 8 a.m. to 4:30 p.m. She added that a 30-day rotation schedule for appointments is also in place allowing 30 days after the current month to be open for appointments. This, along with the new appointment system, will give patients better access to each clinic and help the patients get timely appointments.

Zero tolerance for child abuse in U.S. Navy

By HM3 Melinda S. Bernard

Each year in the United States there are as many as one million cases of repeated mistreatment or neglect of children by parents, or other guardians, resulting in injury or harm—otherwise known as child abuse. Child abuse is a symptom of parental problems. Raising a family is a more challenging feat today than it was for earlier generations — the stress level has risen many-fold and unfortunately, the stressful problems are occasionally translated into child abuse.

The Navy is an especially challenging environment in which to raise a family. It is continually testing its ability to adapt to the evolving environment and to support new missions. In addition, families are also faced with unexpected changes and encounter new obstacles everyday. For these reasons, the Navy has been involved in supporting families for a long time. According to Gloria Grace, Head of the Social Work Department, "the Navy has made a real big commitment to families—protecting the families supports the mission of the Navy."

According to Grace, child abuse is a constant Navy

concern and the Navy is continually attempting to improve upon its preventive measures. Recently, it created a new program—the Child Abuse Prevention Team. This team works at a local level and strives to be proactive. "The aim is to catch the problem before it develops," said Grace. She said the team includes two home visitors who work with "high risk families" (families that might have a severely handicapped child or a child with a chronic illness, families with a few small children).

While the local team has been recently established, another team was created in 1988 by the Department of Defense (DoD). That team responds to multiple victim child abuse cases and sexual abuse. Known as the Family Advocacy Command Assistance Team (FACAT), the team is dedicated to preventing extrafamilial child abuse and to promoting early identification and intervention in allegations of extrafamilial child sexual abuse. Grace is a FACAT member. "They have a lot of experience in dealing with child sexual abuse—they are a team of experts," she said, explaining they are responsible for training, maintaining and supporting indi-

viduals from various disciplines to respond to child sexual abuse in DoD "out-of-home" care settings and assisting the local people to ensure the victims' abuser will be prosecuted.

Compared to the civilian community, the Navy has "a better way of reporting child abuse," said Grace. "We know where our people are all the time...this is a closed culture." She also elaborated upon the fact that Navy child abuse statistics are influenced by many factors. For example, "separation is a big problem in the Navy—one spouse is left for long periods of time to care for the children while the other is out at sea; parents are gone for long periods of time, and when they return they don't know their children."

When a child abuse case surfaces, the Social Service Department "tries to be supportive and work with the family," said Grace. "There is no program to compare with what the Navy has." She added that all of the military hospitals have protocols to deal with child abuse. Navy division officers and the legal authority of the chain of command provide the social workers with an effective mechanism for working with the families to cure the problem of child

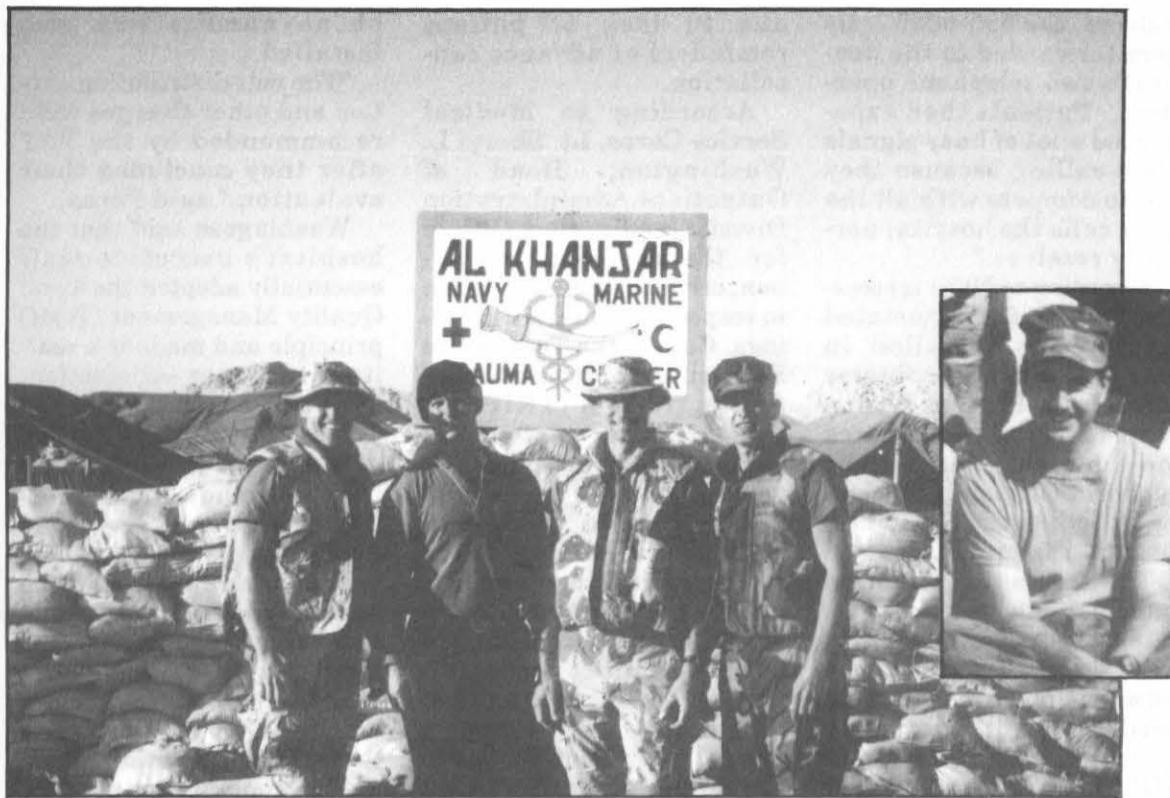
abuse. Child abuse used to be blamed on the family, Grace said. "Today it is understood that certain family dynamics exist that lead to this abuse," she added. She said that most civilian community and military programs assess the treatable. "It's like a suspended bust, what happens is that they are required to participate in treatment."

"Being a social worker in the Navy is less frustrating because all commanders are

obligated to follow Navy instructions and cooperate with us," said Grace, adding that the whole system supports the idea of preventing child abuse. The Navy is honest about the existing problems of child abuse and from this honesty stems an ability and commitment to find solutions.



Oak Knoll Desert Stormers — dug in the sand . . .



(From left) Desert Stormers, Drs. Michael O'Connor, John Atkinson, Richard Koehler and Nurse Anesthesiologist Stephen Stewart form a happy group in front of Marine Corps Trauma Hospital Al Khanjar while HM3 David Newmark (inset) smiles for another camera. (Photo by Lt. Cmdr. Richard Koehler)

(Continued from page 1)
interviewed have memories that stand out — poignant moments etched on their minds forever.

For Koehler, the anguish of an Iraqi mother with her four wounded children, is something he'll never forget. "The misery you could see on that woman's face made me reflect on the real cost of warfare," he asserted.

Atkinson remembers a helicopter trip he made to a Saudi Corvette (a small ship)

hit by a missile during the air war. "They had two head injuries and asked for a neuro surgeon to evaluate them," he said. "I flew out on a Saudi helicopter over the burning oil wells in the Gulf and was lowered by winch into the Corvette. We medevaced one person and the other died. I was, then, taken back to shore and we drove very fast, violently swerving to avoid mines."

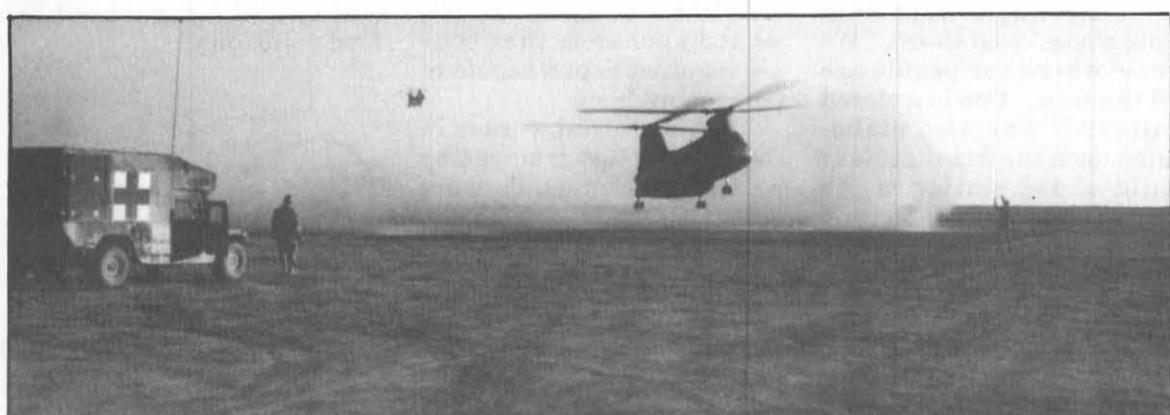
Above all, Newmark recalls the camaraderie. "I have

never had friends like I have now," he said, adding that the way the officers treated enlisted personnel was also "pretty memorable."

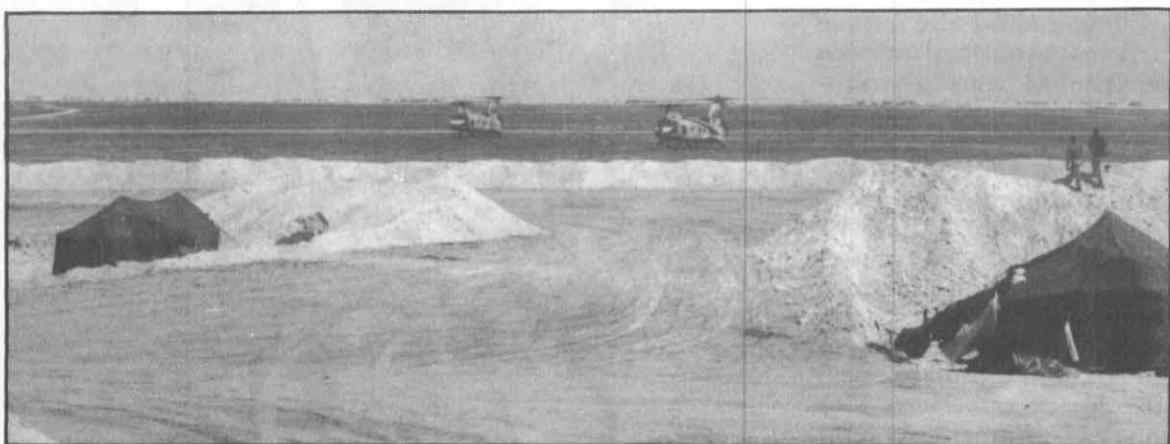
But for all, homecoming and the reception they received, in one short sweep of the clock, erased memories of arduous life in the desert: sand blowing all the time, no water to bathe for months on end, the "hideous hot chow" and MREs (meals ready to eat), the "horrible mail ser-



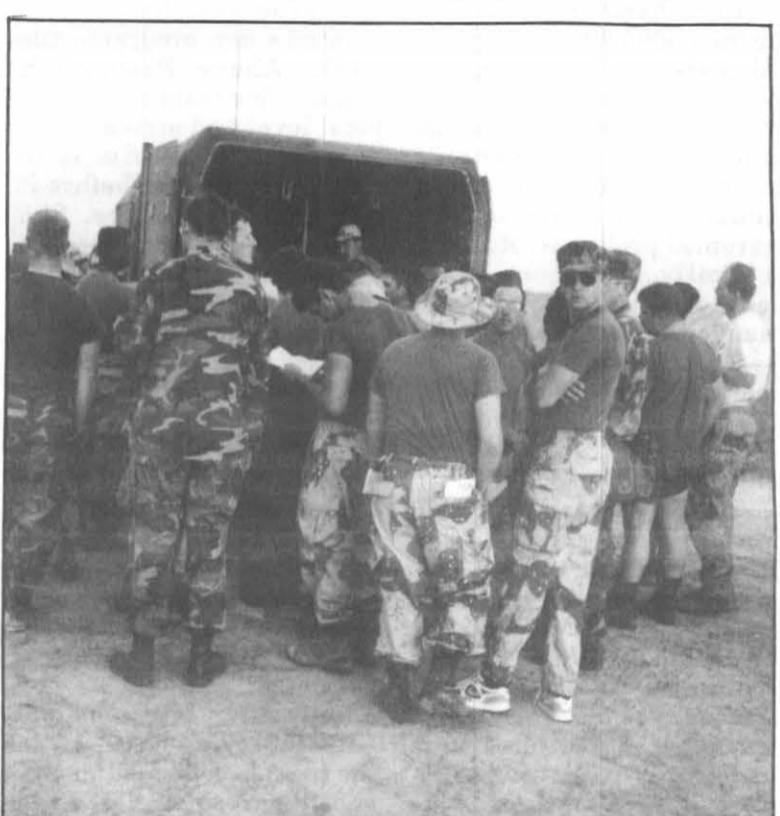
Lt. Cmdr. Richard Koehler (left) and Lt. Cmdr. James Hazlehurst perform a surgical procedure on an Iraqi EPW. Hazlehurst is attached to Naval Hospital San Diego. (Official Navy photo)



A helicopter bringing casualties is about to land at Al Khanjar while an ambulance is standing by. (Photo by Lt. Cmdr. Richard Koehler)



Living tents dug into the sand dot the desert landscape at Al Khanjar. In the background, CH-53 helicopters are posed for flight to the front line. (Photo by Lt. Cmdr. Richard Koehler)



Mail call at Al Khanjar. (Photo by Lt. Cmdr. Michael O'Connor)

vice" and, above all, no liberty for eight months and the lack of opportunities for training at Navy facilities.

"We were flown back and arrived at an Air Force base in Massachusetts," O'Connor said. "Two thousand people were waiting for us in a

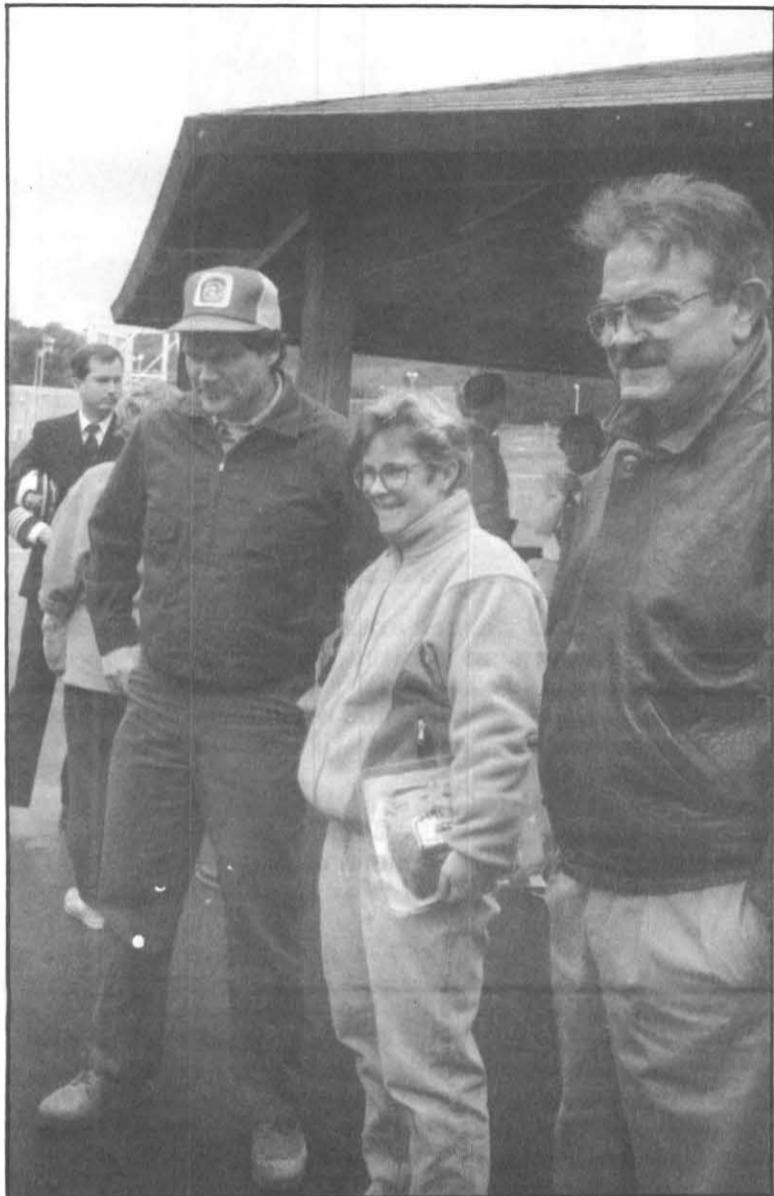
hangar with a big red carpet, a big flag, cookies, yellow ribbons — singing the national anthem . . . that was the most moving moment of all!"

And the most remarkable factor, he added, is "how quickly we readjust. It's like it never happened."

Meanwhile, back at Oak Knoll . . .

. . . it was a wintery, blustery day at the command picnic on March 23rd when reservists, families of deployed personnel and the entire hospital staff gathered at the recreational field for a morning of fun. . . .

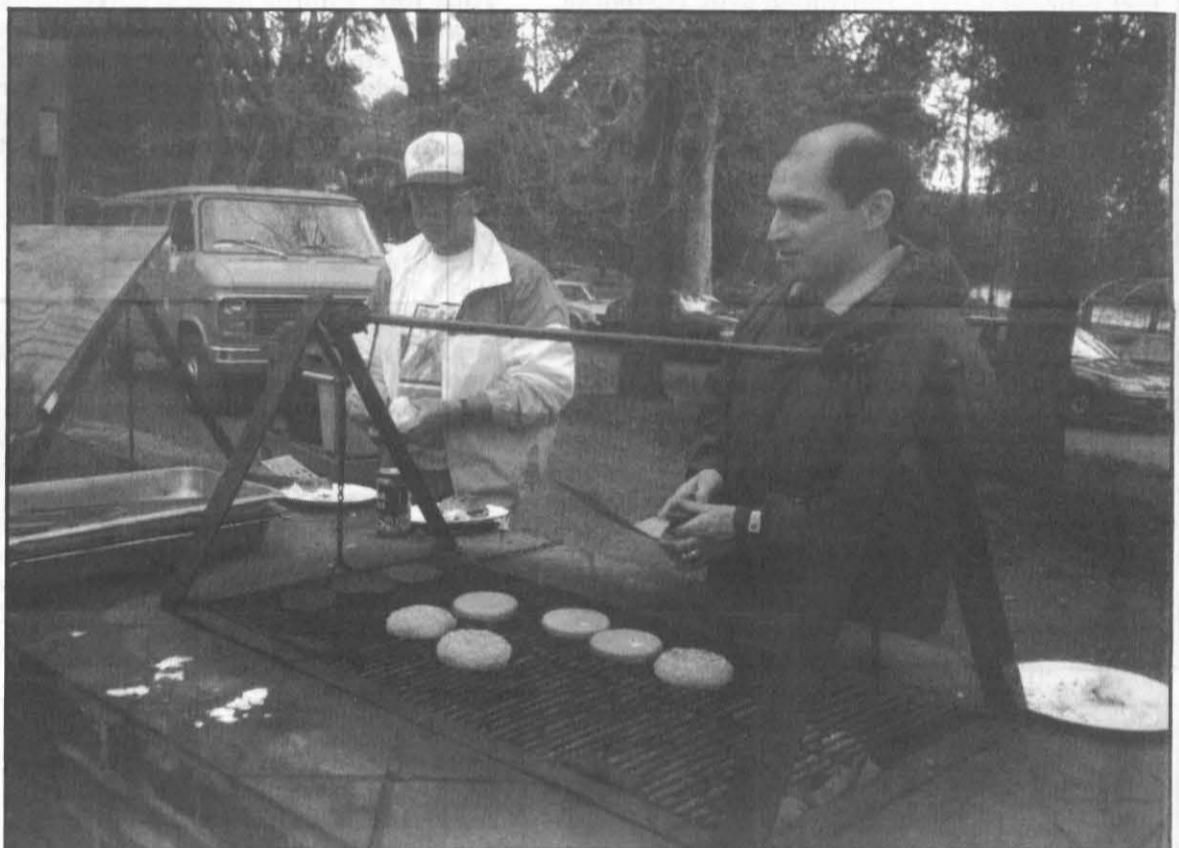
(Photos by A. Marechal-Workman)



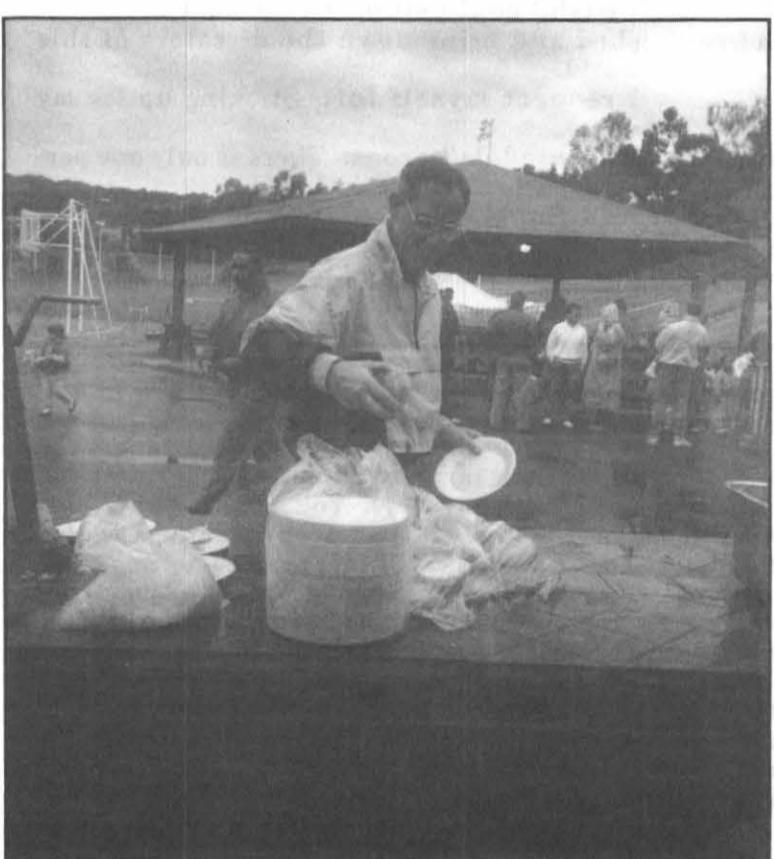
Rear Adm. David Lichtman (far right) takes a morning off to share in the festivities. Ron Ratto (left) and his wife, Lt. Cmdr. Catherine Ratto, a reserve nurse in the Outpatient Department, are keeping him company. Capt. John Rowe, NHO Director of Community Health, can also be seen in the background (far left).



Clown Scott Alcalay ties a balloon for Amanda Rae Linn, as her father, HM2 Christopher Linn of NHO Pharmacy smiles on.



Reservist Chief Oscar Fernandez (right), of Command Education & Training, mans the grill with another reservist, Chief Richard Florente of MWR.



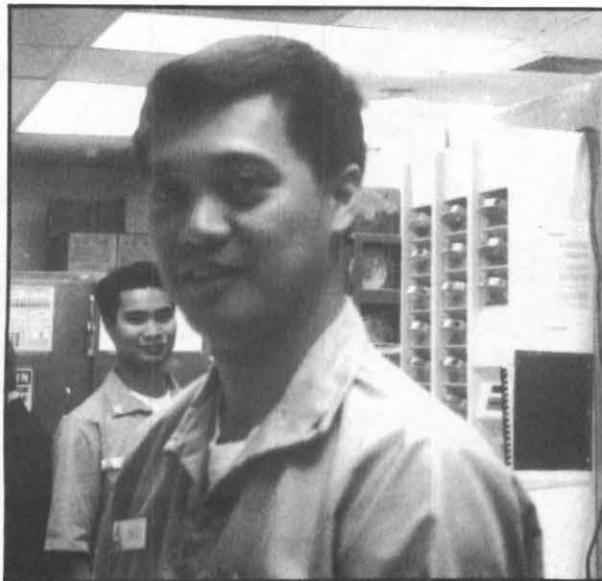
Lt. Michael Higgins, Education & Training, gets ready to load his plate up with picnic goodies.



Between showers, Oak Knoll children line up for the Easter egg hunt. Eggs, baskets, food and drink were provided by Navy League, Oakland Council. (Photo by Bob Pinson, Oakland Council, Navy League).

Moffett Field Branch Clinic — up-close

HM1 Rene L. Canlas, USN



Current career area: Pharmacy Division.
Your job: Leading Petty Officer, patient contact representative, controlled drug custodian, division watchbill coordinator. I also stand chief of the day watch.

Marital status: Married.

Spouse: Rosario M. Canlas.

Children: Reese John Canlas, 5; Robynne Canlas, 4.

Hometown: Mexico, Philippines.

Hobbies: Fishing and camping.

Likes: Friendly people, Chinese food, warm weather.

Dislikes: Insensible individual, disorganization and ginger.

What is the most challenging part of your job?: Making everyone happy.

What is your immediate goal?: To make chief.

What is your long-term goal?: To retire from the Navy as a master chief petty officer.

I wish I could stop: Hunger and crime.

I respect myself for: Taking care of my family.

Janice B. Kaplan-Klein



Current career area: Occupational Health Division, Branch Medical Clinic.

Your job: Provide medical surveillance and job related physical exams for active-duty and civilian employees at NAS Moffett Field and other federal agencies (between San Bruno and San Jose areas). I also provide education on asbestos, hearing conservation and other programs.

Marital status: Married.

Spouse: Capt. Leslie Klein, USAF.

Hometown: Seattle, Wash.

Hobbies: Folk dancing.

Likes: Travel.

Dislikes: Standing in line behind people who smoke.

What is the most challenging part of your job?: To provide high quality care and exams for personnel, even when the demand exceeds our resources.

What is your long-term goal?: Hope to transfer jobs to clinic at NAS Seattle when my husband retires from active-duty in two years.

If I could do it all over again, I'd: Not wait 20 years between getting my Bachelor and Master's degrees.

I wish I could stop: Inability to drive on freeway.

I respect myself for: Perseverance.

Role models/heroes: Golda Meir.

Additional comments: Although most of our clinic staff have returned from the MERCY, some are still with Marines in Saudi. Our prayers are with them to return home soon. It is a privilege to work with so many fine personnel at our clinic.

Lt.j.g. Eric S. Johnson, MSC



Current Career area: Industrial Hygiene/Occupational Health.

Your job: To identify health-related occupational exposures and recommend controls to reduce them at Moffett Field and Navy post-graduate school.

Marital status: Married.

Spouse: Maria L. Johnson.

Hometown: Alexandria, Minn.

Hobbies: Weight lifting, scuba diving, bicycling.

Likes: A bright smile in the morning coming at me.

Dislikes: Incompetence, inflexibility.

What is the most challenging part of your job?: Definitely dealing with diversities of the type of departments we survey. They range from administrative to satellite systems development.

What is your immediate goal?: To receive certification as an industrial hygienist (CIH).

What is your long-term goal?: To help reduce occupational exposures to military and civilians while making our Navy a safer place.

If I could do it all over again, I'd: Only do it with more vigor.

I wish I could stop: All the needless bloodshed and bring down the dictators of this world.

I respect myself for: Sticking up for my values.

Role models/heroes: There is only one person, Jesus Christ (Our Lord).

Additional comments: Occupational safety is not just implemented at work, it also applies during recreation and home life.

Nominate a Super Star!

Make sure one of your co-workers get credit when credit is due!

Nominations are now being accepted for the Federal Employee of the Year Award. Now an employee can nominate a deserving co-worker for recognition in one of the following categories:

Clerical	Disabled
Equal Employment Opportunity	Management
Law Enforcement Services to the Community	Scientific
Trades & Crafts	Technical
Community	Uniformed
Community	Military

To qualify, the employee you nominate must have demonstrated exceptional performance and results in his/her present position, leadership, suggestions, inventions during the last 24 months.

Nomination forms are available from the Civilian Personnel Department at 633-6374 or from your supervisor.

Chaplain's Corner

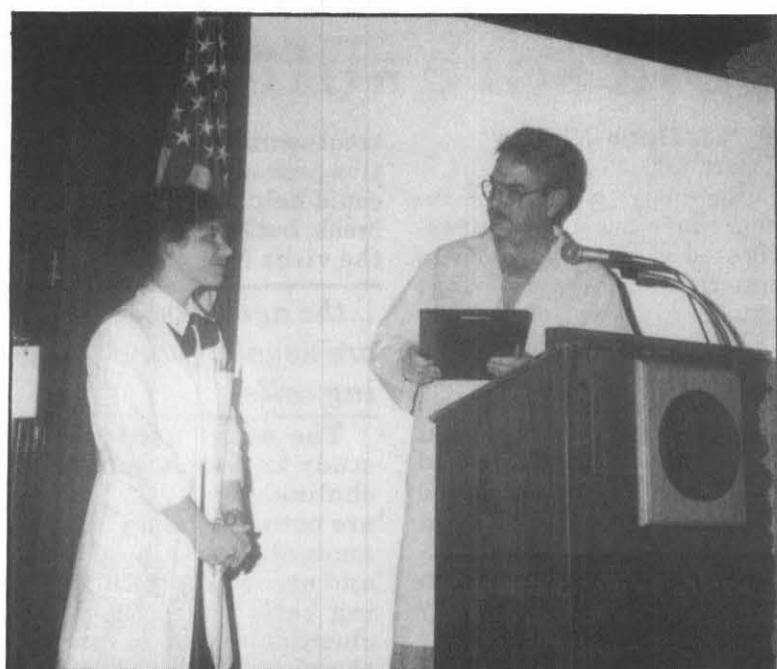
By Lt. Bruce B. Chabot, CHC, USNR

Call me a liar. Call me a writer. In the Exchange a few days ago I came across vitamins with a picture of Superman on the front of the package. Maybe they are "Superman-Brand" vitamins. (I hope that's not a registered trademark or something.) I guess somebody finally came along with enough clout to give the Flintstones a run for their money in the children's vitamin business. They make lots of vitamins

for adults too: big sections in all the supermarkets. But don't doctors say that if you eat a well balanced diet, you don't need to take vitamins? Of course, they are overlooking the obvious: I take vitamins precisely so that I won't have to eat a well balanced diet. I think I'll take the Superman vitamins. Like you, perhaps, I've always wanted to pin on the red cape and do some good. Use your imagination. It's good to have a positive self-image, isn't it? It's good to be healthy.

Same thing for spirituality. You need to grow. Maybe you need vitamins. Read the Bible; pray sometimes. Go to church. We are all just children who have grown up, so maybe we should look back. Help the others. If we show the children that people can be kind and loving, then in a few years the world will be full of kind and loving people. If you know what you believe in, it becomes the basis for the things you do, the way you act toward people. Pass the vitamins.

People, places and events at Oak Knoll



Rear Adm. David Lichtman takes time out from a busy surgical schedule to congratulate Lt. Cmdr. Randi Labar, MC, a resident in the Orthopedic Dept., (left) for winning the annual academic research competition, resident section. Labar's research is entitled, "Multidirectional Shoulder Instability: Clinical Results of Inferior Capsular Shift in an Active-Duty Population." (Photo by A. Marechal-Workman)



Pediatrician, Capt. Quentin Van Meter, MC, proudly displays the plaque he was handed by Rear Adm. David Lichtman for taking first place in the staff section of the research competition. Van Meter's paper is entitled, "Evaluation of the Pituitary-Adrenal Axis in Patients Treated with Nasal Beclomethasone." (Photo by A. Marechal-Workman)



Commanding Officer, Rear Adm. David Lichtman, (left) signs Ens. Kathleen Aldridge's Letter of Promotion to Lt.j.g. (Official Navy Photo)

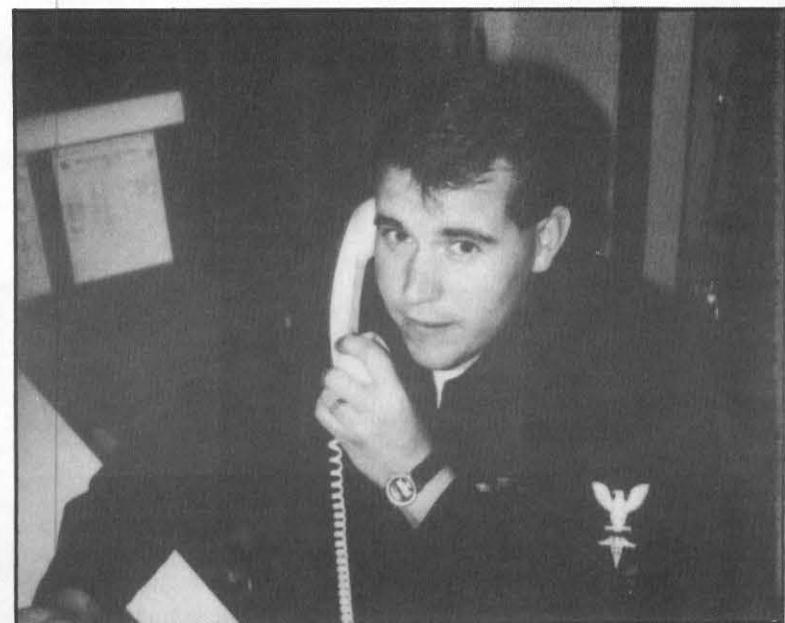
HM3 Kurt Silva is top sailor for March

By HM3 Melinda S. Bernard

With a "Letter of Commendation" and a "Good Conduct Medal" already in his hands, HM3 Kurt Silva recently acquired one more achievement to add to his collection—he was named Naval Hospital Oakland's (NHO) March Sailor of the Month.

Cdr. Robert E. Taylor, Department Chairman of Otolaryngology (head and neck surgery), is probably not the first to recognize Silva's past performance as consistently exemplary. According to Taylor, Silva is currently involved in training "which assures his continued improvement to further supplement his duties in the Department of Otolaryngology."

Taylor asserts that Silva's "tireless efforts have made significant contributions to the efficient functioning of this department." In addition to fulfilling the requirements as a third class petty officer, Silva has undertaken considerable responsibility for conducting sleep apnea studies which are required in the pre-operative evaluation of many patients. "He has supplemented his training by enrolling in the California Department of Sleep Disorders Course at Providence Hospital," continued Taylor, noting that "prior to HM3 Silva's assumption of this respon-



sibility, required sleep studies were referred to the civilian community at considerable expense to this command."

Silva also strives to improve himself. He has completed General Education courses at Los Positas College and is working towards a Bachelor's Degree in Public Administration. In addition, Taylor said, "he is also an active and guiding member of the Morale, Welfare and Recreation Committee." Silva also shares his artistic talents with the command—he has contributed art work that brightens the patients' waiting areas throughout the hospital.

Participating in commu-

nity affairs is also part of Silva's agenda. He is an Alameda County reserve deputy sheriff. He also attends the Neighborhood Church in Castro Valley, and supports the Girl and Boy Scouts of America, as well as the St. Jude's Children's Research Hospital.

"Silva has consistently demonstrated outstanding performance in a variety of capacities and this has resulted in considerable benefit to our patients here at NHO," Taylor said proudly. Noting that he is also "an exemplary citizen in his local community," he added that "this contributes to the favorable opinion of the Navy in this area."

Jeanine Clarke is Civilian of the Quarter

By JOSA Kyna Kirkpatrick

Jeanine Clarke, a civilian occupational health nurse in the Occupational Health/Preventive Medicine Clinic, has a clear-cut philosophy regarding her job. "I try hard to treat everyone with whom I come into contact with the consideration and concern I would appreciate from others."

As the occupational health nurse, Clarke said she has the opportunity to meet almost everyone who checks on board. Clarke plays many key roles at Naval Hospital Oakland (NHO): She is part of the check-in and check-out of hospital staff. She also checks immunization records and encourages personnel to receive

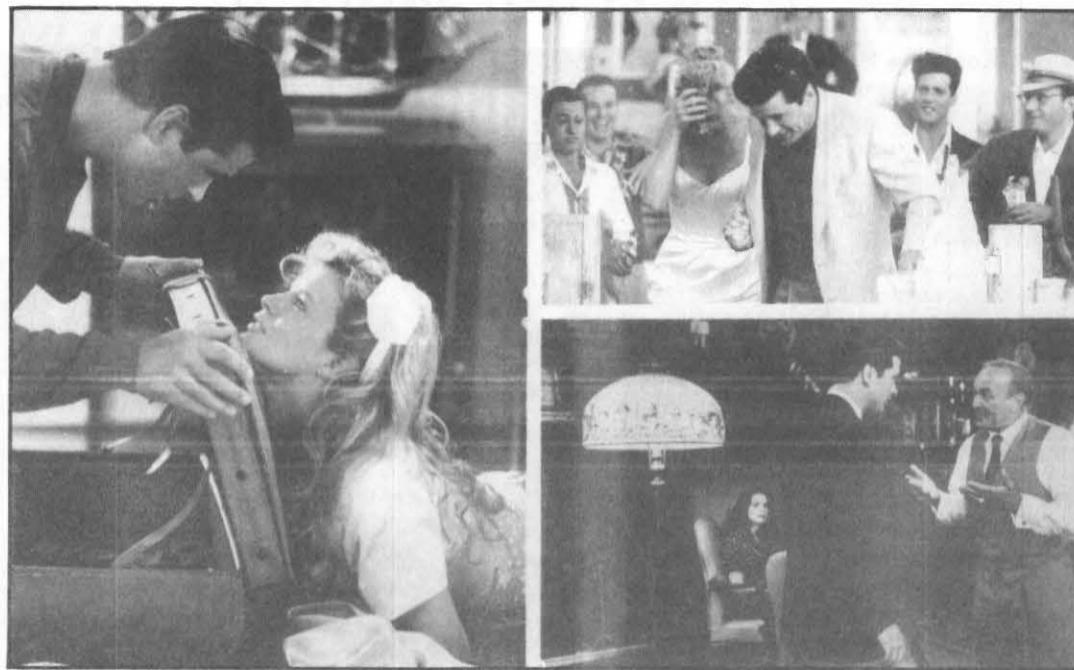
required immunizations. She added that she is able to keep in contact with many of these staff members because of these various surveillance programs.

According to Civilian Personnel, Clarke was recommended for Civilian of the Quarter for April-June 1991 because of her courtesy, kindness and the sincerity shown in her work. She is said to cheerfully encourage the participation of hospital employees in a variety of medical programs. Clarke is also noted for being a strong advocate of the Navy Occupational Safety and Health programs and for showing a true dedication to her duties at the hospital.

Clarke said that she has enjoyed NHO for the more



than four years she has worked here — "the warmth and friendliness I have experienced have made this a very special place for me."

Reel Business**The Marrying Man**

"The Marrying Man" stars Alec Baldwin ("Married to the Mob", "Working Girl") as cocky and charming tooth-paste-heir Charley Pearl. He is happily-engaged to the daughter of a powerful Hollywood studio mogul until he meets Vicki Anderson (Kim Basinger of "Batman" and "9-1/2 Weeks"). Vicki is a sultry Las Vegas lounge

singer and is well-known to be the "private property" of mobster Bugsy Siegal. Sparks fly between Charlie and Vicki, and when Bugsy discovers their flaming love, he 'helps' their relationship along with a wedding ceremony — 'shot gun' style. What to do about Charley's jilted fiance is just the first of numerous problems they

confront over the course of four marriages and divorces together.

From a screenplay written by Neil Simon, "The Marrying Man" is directed by Jerry Rees and produced by David Permut. The film also stars Robert Loggia, Paul Reiser, Fisher Stevens, Steve Hytner and Armand Assante as Bugsy Siegal.

New hope for cold sore sufferers

By Lt. Ngoc-Nhung Tran, DC

Recently, a group of researchers back East investigated a new approach to inactivate the virus that causes common cold sores.

When the *Herpes simplex* I virus infects a person, it can migrate up the nerve and remain dormant in the spinal cord, only to reactivate and cause another cold sore in the same spot weeks or even months later. Many treatments have been used to treat cold sores with only moderate success.

The technique being investigated would inactivate the virus by breaking down the protective envelope, or membrane, that surrounds it. Without that protective membrane, the Herpes virus cannot survive and, therefore, cannot infect living cells.

If proven effective, this treatment would kill the virus that is free in the blood. However, since the virus would still be present in already infected cells, the

treatment could be an effective preventive measure. It could help to control an outbreak, but could not eradicate the virus from the body.

...the agent used, LPCs, are usually found in living cells.

The agent used in this study is lysophosphatidylcholines, or LPCs. These are normally found in small amounts in living tissues and are less harmful to living cells than any other chemicals that inactivate the virus. By varying the lengths of the components within this molecule, one can selectively kill the virus without injuring other living cells.

This study is still in its developing stages, but it may not be long before conclusive results can be drawn for the technique to be applied. It definitely offers new hope to those suffering from annoying recurrent cold sores.

Civilian News**More on civilian drug-free workplace (DFWP)****By Herb Linderman**

In previous issues of Red Rover, questions and answers were published, explaining how the Navy DFWP plans to reach the goal for civilian employees. Since that time we have been publishing further questions and answers that bring DFWP into focus. Following, are the final questions and answers.

What is the test (Drug test conducted by the Department of the Navy) like? Will the employees privacy be protected?

Yes. Any individual subject to testing will be permitted to provide a urine specimen in private, in a rest room stall or similar enclosure, so that the employee is not observed. The employee will be accompanied into the rest room by an individual of the same sex who will wait outside the stall while the sample is provided to detect any attempts at adulteration.

An exception to unobserved collection will be made only where collection site personnel have reason to believe the individual may alter or substitute the specimen to be provided or when the basis for conducting the

test is reasonable suspicion or follow-up. In such cases, collection site personnel, of the same gender as the individual being tested, would directly observe the employee provide the sample. A higher level supervisor shall review and concur in advance with any decision to obtain a specimen under direct observation except in cases of follow-up testing.

What if an employee or applicant refuses to appear for testing?

An employee who fails to appear for testing without a deferral will be subject to disciplinary action. If an applicant for employment refuses to participate in testing, the tentative offer of employment will be cancelled.

How can I be sure the test results are actually mine?

The Department of the Navy Program, as required by Health and Human Services (HHS), mandates a strict "chain of custody" to ensure no specimen mix-ups. Chain of custody procedures in Department of the Navy's testing program ensure that the urine sample taken from an employee is properly identified and is not accidental-

ly confused with any other sample. These procedures apply when collecting, transferring, analyzing and storing the sample. Each employee will be required to sign or initial the bottle used to transfer the sample to the testing laboratory to certify that it contains his or her sample. The bottle will then be sealed. With each subsequent transfer possession of a specimen, a chain of custody form will be dated, signed, and annotated as to the purpose of the transfer. This provides for control and accountability from the point of collection to the final disposition of the sample.

How reliable is the test itself?

At the laboratory, any specimen identified as positive on the initial screening test will be subject to a second screening test and if positive, then subject to confirmatory test using gas chromatography/mass spectrometry (GC/MS) techniques. This is regarded as the most accurate confirmation process by both the scientific and legal communities. GC/MS technology has been used for many years by forensic toxicologists and

medical examiners for police, legal and court work. These tests will be conducted by the Navy drug screening laboratories which have established a record as being among the best, most accurate laboratories in the country.

Do drug tests reveal the recency or frequency of drug usage, the quantity of the drugs used, or the degree of impairment caused by drugs?

No. A drug test can indicate only that an illegal drug was used based on the drug metabolites that show up in the urine.

If an employee tests positive, who will be notified by the laboratory?

The drug testing laboratory may only disclose confirmed laboratory test results to the medical review officer (MRO) for the employee's activity.

What does the Medical Review Officer do?

The MRO is a physician, designated by the activity to receive test results, who must be knowledgeable in the medical use of prescription drugs and the pharmacology and toxicology of illicit drugs. The MRO will

afford an individual who has tested positive the opportunity to discuss the test result. The employee will be given the opportunity to medically justify the result by identifying and documenting the use of over-the-counter or prescription medications which might have caused the positive test. An employee may present any information which he or she believes is relevant to the MRO. Also, an employee will have the right to representation during his/her interview with the MRO.

What happens if the laboratory test is positive?

It is important to remember that a positive test result does not automatically identify an employee or applicant as an illegal drug user. The MRO will assess whether a positive urine test may have resulted from legitimate medical treatment or from some error in the chain of custody or laboratory analysis.

(Editor's note: The remaining questions will be published in a future issue of Red Rover. For information, call Penny Becchio at Civilian Personnel, ext. 3-6374.)